FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

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| A | |

OMB APPROVAL

OMB Number: 3235-0076 Expires: May 31, 2002 Estimated average burden hours per form.....1

| SEC USE ONLY | | | | | | |
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| Prefix | Serial | | | | | |
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| DATE RECEIVED | | | | | | |
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| | | | | - | | 050 |
|--|--|--------------------------|-------------------------|------------------|--------------------------|----------------------------|
| Name of Offering (check if this is an a | amendment and name has | changed, and indicate | change.) | | | SEC |
| PINNACLE COMMODITY INFRASTRU | ICTURE FUND, L.P. | | | | | Prezoccara : Civi |
| Filing Under (Check box(es) that apply): | Rule 5 | 504 🔲 Rule 5 | i05 | Rule 506 | Section 4(6) | □ £COEOU |
| Type of Filing: | | 🛛 New F | iling | | ☐ Amendment | פחחה ל כי עוני. |
| | A. | BASIC IDENTIFICA | TION DAT | 'A | | WE1 7 1 11110 |
| 1. Enter the information requested about | t the issuer | <u> </u> | | | | 70 |
| Name of Issuer (check if this is an am | endment and name has cl | hanged, and indicate ch | ange.) | ·- ·- ·- ·- | | Washington, DC |
| PINNACLE COMMODITY INFRASTRUCTURE FUND, L.P. | | | | | | |
| Address of Executive Offices | (Number | and Street, City, State, | Zip Code) | Telephone Number | er (Including Area Code) | |
| 767 Fifth Avenue, 4th Floor, New York, N | ew York 10153 | | • | (212) 750-1778 | | |
| Address of Principal Business Operations (if different from Executive Offices) | | Telephone Number | er (Including Area Code | | | |
| (a directi non executive once) | | | | | n | CESSED |
| Brief Description of Business | | | | | 1 7 | KOO2 |
| INVESTMENTS | | | | | | <u> </u> |
| Type of Business Organization | | | | | | 7(11/10 0 2 2 2 2 2 2 |
| corporation | limited partnership. | , already formed | | | other (please specif | E CON DELITER |
| ☐ business trust | ☐ limited partnership, | , to be formed | | | TH | JUN 032008 OMSON REUTER |
| | | <u>Month</u> | <u>Ye</u> | ar | | |
| Actual or Estimated Date of Incorporation | or Organization: | 12 | 200 | 07 | | |
| Institution of Incompantion of Organizati | ioni (Entor turo lottor | IIC Dactal Camica abb | raviation for | State: | ⊠ Actual [| Estimated |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) | | | | | Γ | DE |

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Director / Trustee General Partner Check ☐ Promoter Beneficial Owner Executive Officer Box(es) that Apply: Full Name (Last name first, if individual) Pinnacle Associates GP, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 767 Fifth Avenue, 4th Floor, New York, New York 10153 Executive Officer Investment Adviser General and/or Promoter Beneficial Owner Check Boxes Managing Partner that Apply: Full Name (Last name first, if individual) Pinnacle Asset Management, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 767 Fifth Avenue, 4th Floor, New York, New York 10153 Check Boxes Beneficial Owner Executive Officer of the ■ Managing Partner of the ☐ Promoter □ Director that Apply: Investment Adviser Investment Adviser Full Name (Last name first, if individual) Segalas, Donnell A. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Pinnacle Asset Management, L.P., 767 Fifth Avenue, 4th Floor, New York, New York 10153 Managing Partner of the Beneficial Owner Executive Officer of the □ Director Check Boxes ☐ Promoter that Apply: Investment Adviser Investment Adviser Full Name (Last name first, if individual) Kellman, Jason M. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Pinnacle Asset Management, L.P., 767 Fifth Avenue, 4th Floor, New York, New York 10153 Beneficial Owner Executive Officer of the ☐ Director Managing Partner of the Promoter Check Boxes that Apply: Investment Adviser Investment Adviser Full Name (Last name first, if individual) Kellman, Scott L. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Pinnacle Asset Management, L.P., 767 Fifth Avenue, 4th Floor, New York, New York 10153 Executive Officer of the General and/or Beneficial Owner □ Director Check Boxes ☐ Promoter Managing Partner that Apply: Investment Adviser Full Name (Last name first, if individual) Massimb, Marcel N. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Pinnacle Asset Management, L.P., 767 Fifth Avenue, 4th Floor, New York, New York 10153 General and/or Check Boxes Promoter Beneficial Owner Executive Officer of the □ Director Managing Partner that Apply: Investment Adviser Full Name (Last name first, if individual) Faenza, Timothy P. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Pinnacle Asset Management, L.P., 767 Fifth Avenue, 4th Floor, New York, New York 10153

A. BASIC IDENTIFICATION DATA

| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | Yes □ No 🏻 | | | | | |
|--|---|---------------------|-------------------|--------------|--------------|------|------------|--|----------------|------|--------|------------|
| Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | \$ 1,000,000 w/the discretion of the General Partner to accept less. | | | | |
| 3. | Does the offeri | ng permit joint o | wnership of a s | ingle unit? | | | | | ••••• | | Yes⊠ N | o |
| 4. | 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | | | | |
| | • | ne first, if indivi | fual) | | | | | | | | | |
| N/A | | | | <u> </u> | | | | | | | | |
| Bus | iness or Resider | nce Address (Nur | nber and Street, | City, State, | , Zip Code) | | | | | | | |
| | 0.4 | | | | | | | | | | | |
| Nan | ne of Associated | Broker or Deale | r | | | | | | | | | |
| State | es in Which Per | son Listed Has S | olicited or Inter | ds to Solici | t Purchasers | | | . | . . | | | |
| | | or check individ | | | | | | ***************** | | | | All States |
| [AL |] [A | K] [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | (FL) | [GA] | [HI] | [ID] |
| [IL] | [1] | N] [[A] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT | | E] [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [S | C] [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [VA] | [WV] | [W] | [WY] | [PR] |
| Full | Full Name (Last name first, if individual) | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Bus | iness or Resider | ice Address (Nur | nber and Street, | City, State, | , Zip Code) | | - | | | | | |
| | | | | | | | | | | | | |
| Nan | ne of Associated | Broker or Deale | r | | | | | | | | | |
| State | es in Which Per | son Listed Has S | olicited or Inter | ds to Solici | t Purchasers | | | | | | | |
| (Che | eck "All States" | or check individ | ual States) | | | | | | | | ••••• | All States |
| [AL |] [A | K] [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [H1] | [ID] |
| [IL] | [I] | la] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT |] [N | E] [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [S | C] [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [VA] | [WV] | [WI] | [WY] | [PR] |
| Full | Name (Last nar | ne first, if indivi | dual) | | | | • | | - | | | |
| | | | | | | | | | | | | |
| Bus | iness or Resider | ice Address (Nur | nber and Street, | City, State | , Zip Code) | | | | | | | |
| Nam | ne of Associated | Broker or Deale | r | | | | | | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | | | | | | | | | | |
| (Check "All States" or check individual States) | | | | | | | | | | | | |
| [AL |] [A | K] [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | (FL) | [GA] | [HI] | [ID] |
| [IL] | [1] | [IA] | [KS] | [KY] | [LA] | (ME) | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT | "] [N | E] [NV] | [NH] | [N] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [Se | C] [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [VA] | [WV] | [WI] | [WY] | [PR] |

B. INFORMATION ABOUT OFFERING

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND | | | | | | |
|----|--|--------------------------|----------------|--|--|--|--|
| Ī. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchange | | | | | | |
| | Type of Security | Aggregate | Amount Already | | | | |
| | Type of Security | Offering Price | Sold | | | | |
| | Debt | \$0 | \$0 | | | | |
| | Equity (non-voting participating shares) | \$0 | \$ 0 | | | | |
| | Common Preferred | ¥ | <u> </u> | | | | |
| | Convertible Securities (including warrants) | \$0 | \$ 0 | | | | |
| | Partnership Interests | J | Ψ | | | | |
| | rarmership interests | \$Indefinite | s <u> </u> | | | | |
| | Other (Specify) | \$ <u>mdenme</u> \$ 0 | \$ | | | | |
| | Total | \$ <u>U</u> | 3 <u> </u> | | | | |
| | I otal | t Indofinito | s 0 | | | | |
| | A L A LOCAL A LOCAL A LAMBOR | \$Indefinite | | | | | |
| _ | Answer also in Appendix, Column 3, if filing under ULOE. | | | | | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | | | | | |
| | | Number | Aggregate | | | | |
| | | Investors | Dollar Amount | | | | |
| | | | of Purchases | | | | |
| | Accredited Investors | | | | | | |
| | | | | | | | |
| | | Less than 500 | \$500,000 | | | | |
| | Non-accredited Investors | 0 | \$ | | | | |
| | Total (for filings under Rule 504 only) | | \$0 | | | | |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | | | | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | | | | | |
| | • | Type of | Dollar Amount | | | | |
| | | Security | Sold | | | | |
| | Type of Offering | | | | | | |
| | Rule 505 | | \$ | | | | |
| | Regulation A | | \$ | | | | |
| | Rule 504 | | \$ | | | | |
| | Total | | s | | | | |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the | | | | | | |
| | securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | | | | |
| | Transfer Agent's Fees | | \$ 0 | | | | |
| | Printing and Engraving Costs | ñ | \$ 0 | | | | |
| | Legal Fees | | \$ 20,000 | | | | |
| | Accounting Fees | | \$5,000 | | | | |
| | Engineering Fees | | \$ | | | | |
| | Sales Commissions (specify finders' fees separately) | | \$ <u> </u> | | | | |
| | Other Expenses (Identify) | | \$ | | | | |
| | Total | | \$ _30,000 | | | | |
| | 1 Utal | | Ψ <u></u> | | | | |

\$ _30,000

| , . | | | | |
|--|---|--|---------------------------------|--|
| C. OFFERING PRICE, NUMBER OF I | NVESTORS, EXPENSES AND US | E OF PROCEEDS | | |
| Enter the difference between the aggregate offering price given in response to Part C – Question 4.a. This difference is the "adjusted | More than \$5,000,000 | | | |
| 5. Indicate below the amount of the adjusted gross proceeds to the issuer us If the amount for any purpose is not known, furnish an estimate and chec payments listed must equal the adjusted gross proceeds to the issuer set f | k the box to the left of the estimate. | The total of the | | |
| payments fisted findst equal title adjusted gross proceeds to title issued set a | | Payment to Officers, | Pa | yment To |
| | | Directors, & Affiliates | | Others |
| Salaries and fees | _ | 1 s 0 | □s | 0 |
| Purchase of real estate | | 1\$ 0 | = - | 0 |
| Purchase, rental or leasing and installation of machinery and equipment | |] \$ <u>0</u> | □ s | 0 |
| Construction or leasing of plant buildings and facilities | |] \$ | □ \$ | 0 |
| Acquisition of other businesses (including the value of securities involved in t | | - | | |
| in exchange for the assets or securities of another issuer pursuant to a merger) | |] \$ <u> </u> | □ s | 0 |
| Repayment of indebtedness | [|) \$ | □ \$ | 0 |
| Working capital | | \$Indefinite | □ \$ | 0 |
| Other (specify): | |] \$ | □ \$ | 0 |
| Column Totals | · | S Indefinite | □ \$ | 0 |
| Total Payments Listed (column totals added) | ⊠ Slr | ndefinite | | |
| | | | | |
| | | | | |
| D. FED | ERAL SIGNATURE | | | |
| The issuer had duly caused this notice to be signed by the undersigned duly at an undertaking by the issuer to furnish to the U.S. Securities and Exchange Conon-accredited investor pursuant to paragraph (b)(2) of Rule 502. | uthorized person. If this notice is file ommission, upon written request of it | ed under Rule 505, the fo is staff, the information f | llowing signa furnished by t | ature constitutes the issuer to any |
| Issuer (Print or Type) | Signature | | Date | |
| PINNACLE NATURAL RESOURCES, L.P. | (Vorm) H | | MAY2! 20 | 8 |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) | | | |
| DONNELL A. SEGALAS | MANAGING MEMBER OF GENI | ERAL PARTNER | | |
| | | | | |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | E. STATE SIGNATURE | | | | | | |
|---|---|---|------------------|--|--|--|--|
| 1. | Is any party described in 17 CFR 230.252 presently subject to any of the disqualification provisions of such rule? | | | | | | |
| | See Appendix, Column 5, for state response |). | | | | | |
| 2. | 2. The undersigned issuer hereby undertakes to furnish to the state administrator of any state in which the notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. | | | | | | |
| 3. | The undersigned issuer hereby undertakes to furnish to any state administrators, upon written request | The undersigned issuer hereby undertakes to furnish to any state administrators, upon written request, information furnished by the issuer to offerees. | | | | | |
| 4. | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. | | | | | | |
| | The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. | | | | | | |
| Issa | suer (Print or Type) Signature | Date | | | | | |
| PIN | INNACLE NATURAL RESOURCES, L.P. | WAY MAY | 21 , 2008 | | | | |
| Na | ame (Print or Type) Title of Signer (Print or | Type) | | | | | |
| DONNELLA SEGALAS MANAGING MEMBER OF GENERAL PARTNER | | | | | | | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

